

Catherine D. Ludlum
46 St. James Street, Unit 16
Manchester, CT 06040-5982

860-649-7110
cathyludlum@cox.net

PUBLIC HEALTH COMMITTEE
Testimony Opposing HB 6425
An Act Concerning Aid in Dying for Terminally Ill Patients
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Senator Abrams, Rep. Steinberg, and members of the Public Health Committee:

My name is Cathy Ludlum, and I am one of the leaders of Second Thoughts Connecticut, a group of disabled people and allies who are working to prevent the legalization of assisted suicide. I am opposed to HB 6425.

Every time assisted suicide legislation is introduced, my colleagues and I give you all the reasons why it should not pass. This is our seventh time.

Sadly, things have not changed:

- ***Disabled people must still fight our way through an insurance system focused on cost containment, as well as negative attitudes among too many medical practitioners.***
For us, obstacles in gaining access to quality medical care already pose a serious problem. These obstacles are documented in medical and disability literature.

When we go to the hospital, we bring friends. *We have to.* If we don't, we are at risk of being given an involuntary Do-Not-Resuscitate (DNR) order or assigned a low priority for treatment because a provider believes our lives consist mostly of suffering. The last thing we need is to add to the medical provider's thought process: "Maybe it's time for 'Aid in Dying.'"

Case in point: William Peace was in the hospital with a grossly infected pressure sore. As a paraplegic, both his life and his quality of life were in serious jeopardy. Unsolicited, the doctor offered Bill the choice of refusing antibiotics and promised to make him "comfortable." Bill refused. He eventually recovered and resumed his life as a college professor. Clearly, the doctor believed Bill would be better off dead. This happened in a state that does not have assisted suicide, but it illustrates the threat already posed by provider bias.¹

- ***Misdiagnosis and misprognosis are real.*** Jeanette Hall was diagnosed with cancer. Thinking there was no hope, she went to her family doctor to request Oregon's Death with Dignity Act. He had known her for years, and encouraged her to undergo treatment. She did, and is still alive over 15 years later. John Norton was diagnosed with ALS when he was 18 years old. His diagnosis was later confirmed by the Mayo Clinic. Amazingly, the progression of his disability stopped, and he was 74 when he

submitted testimony in opposition to assisted suicide. By then, he had a wife and children, and was retired from a successful career. Yet he testified that if assisted suicide was available in the 1950s, he would have taken advantage of it. ² Think of all Jeanette and John would have missed based on what were reasonable prognoses for their conditions.

- ***Proponents' repeated statements that there have been no problems with the Oregon and Washington State assisted suicide systems are false.*** With over 3000 people dying through the program in these two states alone, it is hard to imagine that every scenario could be free of despair, manipulation, and/or greed.

Dr. Katrina Hedberg of the Oregon Department of Human Services (who is a supporter of the state's Death with Dignity law) said, "We are not given the resources to investigate [assisted-suicide cases] and not only do we not have the resources to do it, but we do not have any legal authority to insert ourselves."

I encourage you to read the Disability Rights Education and Defense Fund's report showing that the safeguards are not always effective. ³ Please consider also that the way these laws are structured, with individual data shredded after one year, there is virtually no possibility of wrongdoing being discovered.

- ***As in past years, I and many of my colleagues would meet the "terminal illness" qualification under the definition in Section 1, 20:***

"Terminal illness" means the final stage of an incurable and irreversible medical condition that an attending physician anticipates, within reasonable medical judgment, will produce a patient's death within six months.

Nowhere in the bill is any distinction made between people who have exhausted all of their treatment options and those who could live for months or years with treatment.

I eat with a feeding tube and use respiratory support when I am sleeping. Without these technologies, I would probably not last six days, never mind six months. Although I generally do well, I do live at the edge; and doctors have occasionally suggested that I might be approaching the end. What if they push the issue?

If that is not enough, what is to prevent someone like me from saying to a doctor, "I have had enough. I am stopping all treatment"? Studies show that for a typical person, this statement would trigger suicide intervention; but for someone like me, the response would more likely be compassionate nods of approval.

In a chilling research paper, Fabian Stahle documents a conversation with an official of the the Oregon Health Authority. According to this official, "terminal" can mean that someone has stopped an intervention that would have allowed the person to live, such as taking insulin. But it can also mean that if the intervention is removed because of insurance (or the person is otherwise unable to pay for it), they would also be considered "terminal" and qualify for their Death with Dignity Act. ⁴

So is there anything new for us to talk about? Yes.

- **HB 6425 has no restrictions on who can be the witnesses to the request for assisted suicide.** In past years, there was at least an attempt made to disqualify witnesses who stood to gain from the death of the patient. This included heirs, family members, and administrators of the facility where the individual was receiving care. The new legislation allows anyone to be witness, regardless of potential financial gain or even a vendetta. (Section 3a)
- **HB 6425 allows the physician and the consulting physician to be in practice together.** This undercuts the purpose of the second opinion by making it more likely that the consulting physician concurs with his or her business partner. Previous iterations of the bill prohibited the two physicians from sharing the same office.
- **Reports confirm disability concerns that some people will opt for assisted suicide because they cannot get adequate supports to continue living in the community.** Sean Tagert had ALS and lived in the community, but as his condition progressed, he needed 24-hour support, which was not available through the Canadian healthcare system. His only alternative would have been to move to an institution far away from his family. In addition, he would no longer have had access to the computer he operated with his eyes. This computer allowed him to communicate, and provided mental stimulation and a degree of independence. Faced with such a bleak future, he became one of more than 6700 people to use Canada's Medical Aid in Dying program since it began in 2016. How many of those people would still be alive if they had been supported in living their lives the way they wanted to? ⁵
- **Newer drug cocktails that have replaced Seconal are leading to increasingly prolonged and agonizing deaths.** A recent article describes prolonged deaths from newer drug cocktails like DDMP2. Included is the story of a man in Oregon who vomited profusely after ingesting the lethal dose. It's not uncommon for death to take six hours, and occasionally people suffer for several days. ⁶ Tempting as it may be to envision someone taking the cocktail and falling into a peaceful sleep, medical science is not there yet.

Please understand: the last thing my colleagues and I want is to interfere with anyone's choice. But when exercising their choice becomes a direct threat to us and to others in our network, we must emphatically say NO.

Even if you support this legislation in concept, there is no way to avoid having some people die for the wrong reasons. HB 6425 is bad medicine, bad for people, and bad public policy. Please stop it from moving forward.

Thank you.

Sources:

- ¹ William J. Peace, “Comfort Care as Denial of Personhood”
http://infiniteability.yolasite.com/resources/Hastings%20report_Peace.pdf
- ² John Norton, “Affidavit in Opposition to Assisted Suicide and Euthanasia”
<http://www.massagainstaassistedsuicide.org/2012/09/john-norton-cautionary-tale.html>
- ³ The Disability Rights Education and Defense Fund, “Some Oregon and Washington State Assisted Suicide Abuses and Complications”
<https://dredf.org/public-policy/assisted-suicide/some-oregon-assisted-suicide-abuses-and-complications/>
- ⁴ Fabian Stahle, “Oregon Health Authority Reveals Hidden Problems with the Oregon Assisted Suicide Model”
<https://drive.google.com/file/d/1xOZfLFrvuQcaZfFudEncp2p2b18NrUo/view>
- ⁵ Reanne Booker and Kelli Stajduhar, “Is a lack of affordable care options forcing some to choose medically assisted death?”
<https://ottawacitizen.com/opinion/columnists/booker-and-stajduhar-is-a-lack-of-affordable-care-options-forcing-some-to-choose-medically-assisted-death>
- ⁶ Anita Hannig, “The Complicated Science of a Medically Assisted Death”
<https://quillette.com/2020/03/18/the-complicated-science-of-a-medically-assisted-death>